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## BIB DATA SHEET

CONFIRMATION NO. 8203

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                             | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.  |                                    |
|--|---|-----------------------------------|---------------------------------|---|------------------------------------|
| 10/799,312   | 03/12/2004<br>RULE  | 426                               | 1797                            | 30862.CIP   |                                    |
| <b>APPLICANTS</b><br>Roger Morris, Sebastian, FL;<br>Galo Acosta, Sebastian, FL;<br>Jerry Hill, Cocoa, FL;<br>Alan R. Tank, Bethesda, MD;<br>Kyle Newman, Lexington, KY;<br>Alan Bishop, Sebastian, FL;<br>John A. McMorris III, Indialantic, FL;  |   |                                   |                                 |   |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/659,222 09/10/2003 ABN<br>which claims benefit of 60/411,068 09/16/2002<br>and claims benefit of 60/421,699 10/28/2002<br>and claims benefit of 60/484,869 07/03/2003   |   |                                   |                                 |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |                                 |   |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/27/2004   |   |                                   |                                 |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and <u>/WILLIAM H</u><br><u>BEISNER/</u><br>Acknowledged <u>Examiner's signature</u> | <input type="checkbox"/> Met after Allowance<br><u>Initials</u>   | <b>STATE OR<br/>COUNTRY</b><br>FL | <b>SHEETS<br/>DRAWINGS</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>99   | <b>INDEPENDENT<br/>CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>CARL M. NAPOLITANO, PH.D.<br>ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.<br>255 SOUTH ORANGE AVE., SUITE 1401<br>P.O. BOX 3791<br>ORLANDO, FL 32802-3791<br>UNITED STATES   |   |                                   |                                 |   |                                    |
| <b>TITLE</b><br>Food borne pathogen sensor and method  |   |                                   |                                 |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>2666   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   |                                 | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |